



## Director's Advisory Council (DAC) on Local Public Health Meeting

February 18, 2015  
MINUTES

### ATTENDEES

#### MEMBERS

Nicholas Hughey (in person)  
Becky Hunt (in person)  
Stacey Cox (in person)  
Andrew Warlen (in person)  
Doug Dodson (phone)  
Dan Pekarek (phone)  
Jodi Waltman (phone)  
Elizabeth Gibson (phone)  
Olivia "Jean" McBride (phone)

#### PRESENTERS

Gail Vasterling	Jo Anderson
Steven Ramsey	Barbara Brendel
Andrew Warlen	Melissa Friel
Harold Kirbey	Dan Pekarek
Susan White	Jodi Waltman
Jeff Zoellner	

Hope Woodson (phone), Angie Hittson (phone), Scott Clardy (phone), Tom Emerson (phone), Mahree Skala, Kristi Campbell, Maurita Swartwood (Recorder), and 11 additional guests were also in attendance.

TOPIC	DISCUSSION	ACTION
<b>Welcome and Introductions</b> <i>Becky Hunt, DAC Chair, Administrator, Madison County Health Department</i>	The meeting was called to order by Becky Hunt, Chair, followed by a welcome and introductions.	
<b>Budget Update</b> <i>Gail Vasterling, Director, Department of Health and Senior Services</i>	Director Vasterling announced that DHSS had appeared before the House Budget and House Appropriations Committees on Health & Senior Services, Mental Health, & Social Services on February 9, and before the Senate Appropriations Committee on February 17. The Governor's fiscal year 2016 budget recommendations for the department includes \$3.2 million in general revenue in Aid to Local Public Health that was initially expenditure-restricted during fiscal year 2015. There was a question in the House Health Appropriation Committee side that seemed to indicate that they had an interest in cutting or eliminating the Center for Local Public Health Services. There was no cut as budget came out of committee.	Ms. Vasterling encouraged the LPHAs to support DHSS in conversations with legislators.

	Also, the Adolescent Health Program was eliminated in the House, but hopefully can be restored in the Senate.	
<b>Introduction of Steven Ramsey</b> <i>Gail Vasterling, Director, Department of Health and Senior Services</i>	Gail introduced Steven Ramsey as the new Director of the Office of Governmental Policy and Legislation, replacing Ellie Glenn's position.	
<b>Legislative Update</b> <i>Steven Ramsey, Legislative Liaison, Department of Health and Senior Services</i>	Motorcycle helmet legislation is moving through the House again. Mr. Ramsey advised the council members of three current House Bills that affect the LPHAs: <ul style="list-style-type: none"> <li>- HB817: Lodging inspections</li> <li>- HB818: Nursing Home inspections</li> <li>- HB283: Death Certificates (Rep. Neely)</li> </ul>	
<b>DHSS Activities Within Local Jurisdiction</b> <i>Andrew Warlen, Director, Independence City Health Department</i>	Mr. Warlen identified a negative situation from Region A where a DHSS staff member conducted an inspection without prior notification which caused an unfavorable outcome and undue stress for the contractor and subcontractor. The LPHA felt that DHSS should have given prior notification of the inspections as a courtesy.	See attached SBAR. Mr. Kirbey informed the group that it is standard operating policy to give a courtesy call to the LPHA prior to conducting an inspection. He will look into the incident and reiterate the policy to staff.
<b>DCPH Update</b> <i>Harold Kirbey, Director, Division of Community and Public Health</i>	Mr. Kirbey proposed to establish a Truck Wreck Response Plan with DHSS looking at the option of hiring hourly and intermittent (H&I) staff (approximately six positions) to share the load with LPHAs for truck wreck response by covering after hours/weekends, with the exception of agencies which have ordinances or fees attached to truck wrecks. It's envisioned that the use of these H&I staff would be strictly voluntary on the LPHA's part. Mr. Warlen asked if follow-up would be done by DHSS staff or would it fall back on the LPHA? Mr. Hughey asked for clarification about extended follow-up, possibly following a two- or three-day truck wreck clean up. Mr. Kirbey responded that DHSS would be responsible for follow-up. A reporting system would need to be developed for truck wrecks, as there is currently not a good way to document the type of wrecks occurring and the results. Mr. Hughey asked if legislation were proposed for future reimbursement for truck	Mr. Kirbey requested DAC members send feedback or questions to him, Jo Anderson, Russell Lilly, or Mindy Laughlin.

	<p>wrecks, would it affect LPHAs being reimbursed? Mr. Kirbey's response was no. Mr. Pekarek commented that these H&amp;I positions would need to be dispersed across the state for rapid response. DHSS is looking at where the accidents most occur to determine the best placement for the staff. However, we'll also be talking with LPHAs as we move forward on placements. This is obviously still being developed and something DHSS hopefully can have in place a year from now (or before if possible). Mr. Warlen requested that DHSS staff keep LPHAs in the communication loop.</p>	
<p><b>Omni-Circular</b>  <i>Jeff Zoellner, Bureau Chief, Office of Financial and Budget Services (OFABS)</i></p>	<p>Mr. Zoellner reported that DHSS is starting to implement the federal omni-circulars, beginning with the PHEP contracts. Some changes that LPHAs will notice:</p> <ul style="list-style-type: none"> <li>- Calculate the administrative/in-direct costs in one of two ways: a) use LPHA's federal negotiated indirect rate (if in place), or b) otherwise use the 10% modified in-direct cost rate. This method backs out any equipment purchases over \$5,000 or subcontracts greater than \$25,000 from indirect calculation. An agency is not required to take the full indirect rate and may reallocate. A worksheet will be sent out to help determine which to use. There will be no change in deliverables within each contract budget.</li> <li>- At the end of the contract, LPHAs will be required to submit an annual financial report with the final invoice.</li> <li>- The grant award will now be posted to the website and will contain the grant name, CFDA number, etc. DHSS Division of Administration will be sharing additional information and Jeff will send out to the LPHAs when it becomes available.</li> <li>- The State Vendor Portal is being updated so that LPHAs can view CFDA numbers associated with each payment.</li> </ul> <p>NOTE: If the CFDA # is missing it indicates that the grant is not federal-funded.</p>	

	<p>Ms. Hunt asked if the DH-38 form could be formatted to an Excel document to help with calculations for the monthly invoicing?</p>	<p>Mr. Zoellner reported that DHSS is developing such a tool to help both the LPHAs and DHSS and will share with LPHAs once developed.</p>
<p><b>Omni-circular in Relation to CCHC Program Changes</b>  <i>Jo Anderson, Director, Center for Local Public Health Services</i></p>	<p>In relation to the omni-circular, the Child Care Health Consultation (CCHC) contract has three federal funding streams. The omni-circular requires us to obtain federal approval from the funders for any fixed-price contract. Another clause in the omni-circular does not allow fixed-price contracts or contracts greater than \$150,000; the latter is not a problem with CCHC contracts. We anticipate that it will be problematic for DHSS to get three federal funders to give us a waiver in a timely manner so that the contracts can be put in place by October 1. Therefore, DHSS has made the decision to move forward with cost reimbursement contracts rather than fixed-price for CCHC. We are realistic about the impact of this decision and one of the things we see is that some of the services provided to structured day care centers where local expenditures are greater than the agency's reimbursement are eligible to be claimed on the CHIP HSI under the School Health Program. This change will require MOPHIRS to be modified by ITSD or a vendor. DHSS staff are updating contract amendment language to conform to these changes and will begin with the CCHC contracts which begin October 1.</p>	
<p><b>Certification of WIC Participants and Other WIC Policy Revisions</b>  <i>Susan White, Bureau Chief, WIC and Nutrition Services</i></p>	<p>Ms. White discussed the 2014 budget, eWIC process, policy revisions, and management evaluation.</p> <p>Ms. White reported that the Administrative Updates Trainings will kick-off in March 2015.</p> <p>Mr. Hughey asked for clarity on the custody issues surrounding the WIC fraud policy. He also asked if there was a way to correct the reporting data of over-issuance due to custody issues.</p> <p>Ms. Hunt asked if there was a way to only issue the amount of formula needed to cover the</p>	<p>See attached associated SBARs and handouts.</p> <p>Ms. White reported that her staff are currently drafting policies on custody issues and will hopefully have answers by the next DAC meeting.</p> <p>Ms. White will take this question back to her staff and</p>

	classified custody order.	get some guidance.
<b>Emergency Sheltering Caches</b> <i>Jo Anderson,  Director, Center for  Local Public Health  Services</i>	<p>DHSS has a Memorandum of Understanding (MOU) that will expire on December 31, 2015. We have 18 storage sites (13 of which are with LPHAs) for emergency caches. DHSS is considering not renewing these MOUs due to changing needs, replacement costs, and availability of supplies from when originally established. After a site visit and assessment of those caches two years ago, it was determined that there had been no full deployment and only limited usage of supplies. Items were either nearing shelf-life, expired, or deteriorating. One other item noted during the site visit was that in many cases the cache sites were often next door to American Red Cross MAPP caches.</p> <p>Mr. Kirbey asked if it would be helpful to have an inventory list for each site?</p> <p>Ms. Waltman asked if the LPHA chooses to accept the items in the cache, do they then have to sign a transfer document and report how it is used?</p>	<p>See attached associated SBAR and handouts.</p> <p>DHSS recommends to phase-out these cache sites. It was requested that DAC members go back to their regions and determine/identify if any LPHAs or local partners would want any materials in the caches and report back at the May 2015 DAC meeting in order to give official notification by July. Site locations are listed on the handout.</p> <p>Ms. Anderson stated that DHSS can provide the lists.</p> <p>Ms. Anderson responded no, basically the LPHAs would just assume responsibility for the materials and work within agreements between them and their regional partners.</p>
<b>Community Health Worker</b> <i>Barbara Brendel,  Health Program  Representative III,  Bureau of Cancer and  Chronic Disease  Control</i>	<p>Ms. Brendel reported on and discussed the background and definition of the Community Health Worker (CHW). In 2014, DHSS did a two-tiered needs assessment through Truman State University to identify the population of CHWs. One tier was to gather information from entities/key informants (such as LPHAs, MPCA, Missouri Association of Rural Health Clinics, MHA, etc), and the second tier was to ask key informants to send the survey out to CHWs in their region. They received 98 responses which reported/identified 1, 304 CHWs in their organizations or known in their communities.</p> <p>Ms. Brendel stated that her bureau currently has a contract with Mid America Regional Council, who will work with Metro Community College, which has a Community Health Worker Certificate Program, and has asked them to incorporate into that a hypertension/high blood</p>	<p>See attached associated position paper, SBAR, and PowerPoint handout.</p> <p>Ms. Brendel described how the LPHAs fit into the plan. Since the LPHAs are an integral part of the community, that they could employ or work with volunteer</p>

	<p>pressure module to train at least 22 individuals to be CHWs with a hypertension/high blood pressure module background.</p> <p>On December 8, 2014 they conducted a Community Health Worker Forum in Jefferson City to discuss moving forward with an advisory group to help develop a statewide program. They are also coordinating efforts with the Department of Social Services and Department of Mental Health.</p>	CHWs to become liaisons in the community between the health system and the community resources.
<p><b>LPHA Mutual Aid Agreement</b>  <i>Melissa Friel,</i>  <i>Preparedness</i>  <i>Division Director,</i>  <i>SEMA</i></p> <p><i>Dan Pekarek,</i>  <i>Director, Joplin City</i>  <i>Health Department</i></p> <p><i>Jodi Waltman,</i>  <i>Administrator,</i>  <i>Phelps-Maries County</i>  <i>Health Department</i></p>	<p>Ms. Friel gave a brief background summary on the Local Public Health Agencies Mutual Aid Agreement.</p> <p>Mr. Pekarek discussed the implementation and design of the agreement. He reported they envision an annual review of the agreement and Ms. Friel reported that the Joplin City Counselor has also reviewed the document. Ms. Friel also stated that LPHAs can choose to opt-in or opt-out of this agreement; it would not preclude an agency from providing mutual aid. The document's purpose is to have something in place in the event of another disaster such as the Joplin tornado to facilitate federal reimbursement.</p> <p>Ms. Anderson stated that the next step to move forward with this would be to conduct a webinar to present information regarding the agreement to other LPHAs followed by them discussing with their governing bodies.</p> <p>Ms. Friel directed everyone's attention to page eight, section seventeen of the agreement regarding the State Local Public Health Mutual Aid Coordinator. This responsibility is part of the Health Care System Program Coordinator role and that is Paula Nickelson".</p> <p>Ms. Skala suggested that when this document is disseminated to LPHAs, a communication/cover letter be sent stating the original purpose and other content information.</p>	<p>See attached associated SBARs and handouts.</p> <p>Approval to move forward with the agreement was requested from the DAC. Ms. Hunt made a motion to move forward. The motion was seconded and carried.</p>
<b>Closing Remarks, Discussion</b>	Mr. Hughey reported that a sub-committee was formed after the last meeting, named the DAC Public Health Work Group, and is focusing on	Mr. Hughey welcomed all members to participate in the work group.

	<p>the ongoing questions of “What is public health?”, “What is our role?”, “How are we funded?”, “What will we look like next year?”, and to consider our health rankings among other states and how to move forward. Mr. Hughey, Becky Hunt, Harold Kirbey, and Jo Anderson have met with a potential contractor to discuss facilitation of the process. Additional work group and sub-committee members will be needed.</p> <p>Ms. Skala reminded members to contact her if they were not on the Legislative Committee and wanted to receive news/communications about legislation.</p>	Once the process is finalized, more information will be sent out.
	Ms. Anderson stated that registration information was sent out about the <i>DHSS and LPHA Public Health Conference</i> being held on March 18-19 in Columbia at the Holiday Inn Executive Center.	More information can be found in Friday Facts.
	Mr. Kirbey stated that the legislators are in session and he has been spending a lot of time in hearings and answering questions. The real ability to dissuade bad legislation does not come from DHSS but rather from the LPHA’s voices in mass.	Mr. Kirbey encouraged LPHAs to communicate and engage with their legislators on a local level.
<b>Next Meeting:</b>	May 20, 2015	